


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L99000005259</b> 1. Entity Name <b>SPDC SUPPLY COMPANY, L.L.C.</b>						<b>FILED</b> <b>07 JUL 12 PM 1:29</b> CLERK OF THE COURT TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1921 WALDMERE STREET SUITE 107 SARASOTA, FL 34239</b>				Mailing Address <b>1921 WALDMERE STREET SUITE 107 SARASOTA, FL 34239</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MAGIERA, CANDACE A 1921 WALDEMERE ST SUITE 107 SARASOTA, FL 34239</b>				7. Name and Address of New Registered Agent Name <b>HERMAN WEBER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1921 WALDEMERE ST #107</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34239</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Candace A Magiera</i></u> <span style="float: right;">5/23/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COVER, DOMENICK E MD 1921 WALDMERE STREET STE 107 SARASOTA, FL 34239</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FINEMAN, STEVEN 1921 WALDEMERE ST #107 SARASOTA FL 34239</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GHOSE, RANJAN 1921 WALDMERE STREET STE 107 SARASOTA, FL 34239</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center; font-size: 2em;">\$77/12</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ZENDEL, STEPHEN MD 1921 WALDMERE STREET STE 107 SARASOTA, FL 34239</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>600106630076</b>  <b>07/24/07--01023--026 **200.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WEBER, HERMAN MD 1921 WALDMERE STREET STE 107 SARASOTA, FL 34239</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
<b>SIGNATURE:</b> <u><i>RANJAN GHOSE</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/30/07</b> <span style="float: right;">(941) 917-6447</span> <small>Daytime Phone #</small>			